



TRANSMITTAL

Applicant : Vu, Dinh Q.
App. No. : 10/770,285
Filed : February 2, 2004
For : ENDOSCOPIC DEVICE FOR
SPILL-PROOF LAPAROSCOPIC
OVARIAN CYSTECTOMY
Examiner : Unknown
Art Unit : 3736

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 21, 2004

(Date)

Che S Chereskin

Che Swyden Chereskin, Ph.D., Reg. No. 41,466

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Letter.
- (X) Declaration and Power of Attorney
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Che S Chereskin

Che Swyden Chereskin, Ph.D.

Registration No. 41,466

Agent of Record

Customer No. 20,995

(949) 760-0404



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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

We are herewith filing a new Declaration and Power of Attorney. The Declaration which was filed with this continuation-in-part application was from the parent application.

REMARKS

It is believed that no additional fee is due with this submission. However, if this is not the case, please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated:

May 21, 2004

By:

Che S. Chereskin

Che Swyden Chereskin, Ph.D.

Registration No. 41,466

Agent of Record

Customer No. 20,995

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**DECLARATION AND POWER OF ATTORNEY- USA PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled **ENDOSCOPIC DEVICE FOR SPILL-PROOF LAPAROSCOPIC OVARIAN CYSTECTOMY**; the specification of which was filed on **February 2, 2004** as Application Serial No. **10/770,285**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above;

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56;

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S.A. Application(s)

App. No.: **10/147,261** Filing Date: **5/15/02** Status: **Issued on 2/3/04 as U.S. Patent 6,685,628**

POWER OF ATTORNEY: I hereby appoint the registrants of Knobbe, Martens, Olson & Bear, LLP, 2040 Main Street, 14th Floor, Irvine, California 92614, Telephone (949) 760-0404, **Customer No. 20,995**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful, false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole inventor: **Dinh Q. Vu**

Inventor's signature

Date

Residence: **3307 Mendenaro, Fallbrook, CA 92028**

Citizenship: **U.S.**

Post Office Address: **same**

Send Correspondence To:
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

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